. S. No. 2
M—9-4-41
. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1948

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36427

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 9843

**1. PLACE OF DEATH:**

(a) County .....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7120 Colorado
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Nov 17 9

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 7120 Colorado
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MATILDA (SHOULTS) HAMSHIRE

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Hamshire

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December (Month) 5 (Day) 1862 (Year)

8. AGE: Years 80 Months 11 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Green County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation At Home

11. Industry or business ——

FATHER
12. Name Unknown Anderson
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Unknown Huddleston
15. Birthplace Unknown (City, town, or county) ..... (State or foreign country)

16. (a) Informant Mrs. Anna Hill--Daughter
(b) Address 7112 Colorado, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11--12-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery.

18. (a) Signature of funeral director C. Hoffmeister Ul & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) NOV 10 1948 (Date received local registrar) J. F. Rudeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 9th year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1943, to Nov. 5, 1943; that I last saw h alive on Nov. 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary stenosis
Arteriosclerosis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature Cornelius T. Tibe (M. D. or other)
Address 7110 Michigan Date signed 11/9/43

(Licensed Embalmer's Statement on Reverse Side)

will call back
about 4 PM

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**